Smith&Hopen, P. A.





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INTELLECTUAL PROPERTY LA W

To:	U.S. Patent & Traden	nark Office	From:	Anton J. Hopen		QFFICI/
Attn:	Michael J. Hayes - A	Client:	1372.32			
Fax:	(703) 872-9302 (703) 305-58 73		Pages:	9 including coversheet September 25, 2003		
Phone:			Date:			
Re:	USSN 09/696,350		CC:	University of South Florida		
□ Urge	nt 🗹 For Review	☐ Please Co	omment	☐ Please Reply	☐ Please Recy	cle

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Practitioner's Docket No.: 1372.32

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard Heller et al.

Examiner: Hayes, Michael J.

Serial No.: 09/696,350

Art Unit: 3763

Filed: 10/24/2000

Confirmation No.: 2801

Electroporation Device

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Faxed to Technology Center 3700 at (703) 872-9302 Mail Stop Non-Fee Amendment Commissioner for Patents

SEP 2 6 2003

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application. l.

STATUS

Applicant is an independent inventor. A statement was already filed. 2.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION (37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Amendment A is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3763, Atm.: Michael J. Hayes, (703) 872-9302 on September 25, 2003.

Dated: September 25, 2003

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTIT	<u>Y</u>	–	
	Claims Remainir After Amendme	ng	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		
Total	11	Minus	20	= 0	x \$9 =	\$0		
Indep.	2	Minus	3	= 0	x \$42 =	\$0		
First Pre	sentation of	Multiple I	Dependent Claim	<u> </u>	+ \$140 =	\$0		
			,		Total Addit. Fee	\$0	•	

If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

No additional fee for claims is required.

Reg. No. 41,849

Tel. No.: (727) 507-8558

SIGNATURE OF PRACTITIONER

Anton J. Hopen

Smith & Hopen, P.A.

15950 Bay Vista Drive, Stc. 220

Clearwater, FL 33760

(Amendment Transmittal-page 2)

If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Practitioner's Docket No.: 1372.32

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Dear Sir:

In response to the nonfinal Examiner's Action mailed on June 25, 2003 the aboveidentified patent application is amended a first time as follows. Applicant has elected to present the amendment using the revised amendment format set forth in the waiver of 37 CFR 1.121.

AMENDMENT A (37 C.F.R. § 1.111)